



BOROUGH OF GLOSSOP.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

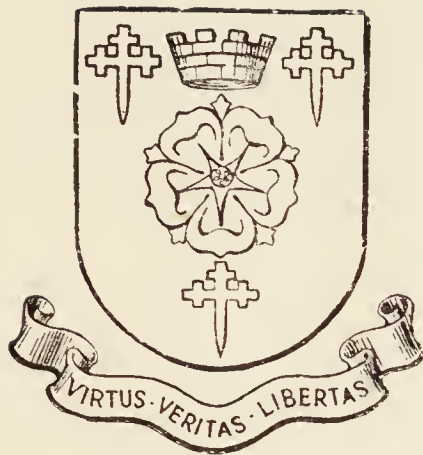
School Medical Officer

(E. H. Marcus Milligan, M.D., D.P.H.),

FOR THE YEAR 1927.



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GLOSSOP & HADFIELD.



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free list and the inquiry into family incomes when all the rest is free is undignified and not worth the time; indeed the fruits of inspection may be lost in the process and the cost of education wasted, for the child must be healthy to get proper benefit from it.

If free, there should be more tightening up and the School Medical Department should see that every child gets adequately treated so that no child should leave school handicapped by a defect. The doing of this would be a great advance.

(3) I think there should be four examinations during school life; three years between the inspections is too long.

Inspections might be carried out at say:—

(1) Under 7 years; (2) 8 years; (3) 10 years; (4) Leavers.

(4) The records when finished with should be made use of, and there should be no hiatus in passing from the school doctor to the panel doctor; the factory surgeon's work could be linked up to the School Department, and I think every school record should pass to him and to the panel doctor. In this district a record envelope has been designed to fit into the panel doctor's envelope. In addition I think the panel doctor should make a routine examination of young persons of 16 when they first go on the panel.

(5) Every boy and girl should be taught the rudiments of hygiene practically, and girls in particular taught something of Mothercraft and Home Nursing; boys something of Gardening.

The little hygiene booklet of the Board of Education is a most welcome advance.

(6) If it is worth educating a child in mind and body there should be something at the end of it, and I think there should be well equipped modern libraries where young people could get really good literature, books of science and also up-to-date books bearing upon the staple industries of their town.

There must be mental exercise if there is to be mental health, otherwise knowledge gained may only lead our youth to purposeless ways and into devious channels.

The evening classes which have now been organised in our town on a more comprehensive scale are bound to be a big help to our young people.

(7) Lastly, as the goal of our efforts is to create a healthy and well educated body of citizens helpful to each other and to hold their place and help the nation to hold its own in a world of fierce competition, and as one weak link in the chain may undo all, I think for this reason it is the utmost foolishness to spend a vast amount and not attain our ends when just a little more would bring about achievement.

It is for this reason that I think that the inspection should be compulsory and treatment free, and the child's health, as it is the basis of all, made safe if it can be made so.

There is such a thing as spoiling the ship for want of a "happorth" of tar, and doing this may be foolishly looked upon by some as a great victory in saving for the ratepayers, for the gain or loss of a little child's health is not marked in the year's financial statement.

The community or the individual nowadays must get on or get out; undoubtedly it will be a case of get out if there is not health, physical and mental.

Your obedient servant,

E. H. M. MILLIGAN, M.D., D.P.H.,
M.O.H. and S.M.O.

Glossop Education Authority.

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR 1927.

(1) STAFF:

E. H. Marcus Milligan, M.D., D.P.H., School Medical Officer.

Peter Malloch, L.R.C.P. & S., School Oculist.

Mary Gallagher, M.B., Surgeon for Nose and Throat Diseases.

Harold Firth, L.D.S., School Dentist.

Miss B. Coventry, C.M.B., R. San. Inst. Cert., School Nurse.

Miss C. Moore, C.M.B., School Nurse.

(2) CO-ORDINATION.

(a) Co-ordination with Infant Welfare and Child Welfare Work:

The School Medical Officer is also Medical Officer of Health and Medical Officer of the Infant Clinic; the School Nurses are also Health Visitors for Maternity and Child Welfare work.

Child Welfare Record Cards are passed on to the School Medical Department.

The School Medical Department, Maternity and Child Welfare Department and the Public Health Department occupy one suite of rooms.

The Maternity and Child Welfare Committee have now written to the Ministry of Health for sanction to arrange that children under school age should in suitable cases have the advantage of attending the School Clinics.

(b) Nursery Schools:—

There are no Nursery Schools in Glossop.

(c) The care of Debilitated Children under School Age:—

Debilitated children are seen at the Welfare Centres and advice is given to mothers regarding their general care; in certain instances mothers are advised to obtain treatment by their own Doctor for their children or to bring them to the Tuberculosis Dispensary.

The Tuberculosis Officer can now send suitable cases to Bretby Hall, an institution belonging to the Derbyshire C.C., conducted on Sanatorium lines.

Sir George Newman in his report on the Health of the School Child has drawn attention to the large number of children entering the school each year who are already damaged by diseases that in many cases are preventable, and he emphasised the need for greater care and more treatment prior to entry to school.

In our Borough our Health Visitors visit children under school age in their homes, and we have also two Welfare Centres which are well attended. There is, however, on the whole not enough time at the disposal of our Nurses to pay the attention that is required to children over one year and under school age.

It is hoped, however, that new arrangements will be made by which our Nurses will have more time available for visiting children over one year and under five years.

Where the children are tubercular or are in contact with tubercular persons the Tuberculosis Care Committee gives free milk.

A U.V. Lamp is being presented to the Corporation by the Hospital Committee to be used for debilitated children as well as for other persons.

(3) SCHOOL HYGIENE.

Lectures on Mothercraft are now given to elder girls by the School Medical Officer; these lectures are given in the

Victoria Hall; teachers are invited to be present, and they are asked to follow up the lectures in school by instructing the girls on the lines mentioned. During Health Week lectures are given by medical practitioners in the schools and a considerable amount of literature distributed in co-operation with the Derbyshire Health Week Committee.

In 1927 some of the school children entered for the competition organised by the Royal Sanitary Institute and five obtained prizes of the value of 10/- each, to be expended on books, and other children received certificates.

Every alternate year a Health Exhibition is organised and all the girls over 12 years attend and are given short talks on health. School children in Glossop are there instructed in many of the elements of hygiene.

I think, however, that hygiene might well be made more a part of the school child's routine in school and that the school should be used as a basis to illustrate the meaning of living in a hygienic way; *e.g.*, the benefits of ventilation, and cleanliness could be shown by having a well ventilated and clean school and some of the elder children could be given duties such as opening windows, taking the temperature of the classrooms, seeing paper was provided in the W.C's and towels for the wash basins, etc.

The dangers of sitting in wet clothes or damp boots should be taught and care taken by the teachers to see children come properly clad to school, a very necessary precaution in a rainy and very changeable climate.

In the Summer classes could with much benefit be held in the open air care being taken to protect the heads of the children from strong sunshine.

Clean and well cared for teeth and hands might well be as much insisted on as learning many things by rote, with benefit to the child's present and future.

All this is so elementary and so easy, yet it is so often just the easy thing we miss in straining for something more difficult and perhaps of really less value on the whole.

The new Handbook on Hygiene issued by the Board of Education is, however, a welcome sign of the times and it is hoped these matters which are really the basic elements of civilised and communal life will become a real part of one's education and social culture.

(4) MEDICAL INSPECTION.

Routine Inspections:—

The age groups inspected are Entrants, Intermediates and Leavers (children over 12 years); children of other ages are occasionally examined for often children miss the Inspection at the proper age owing to illness or for other reasons.

There were 840 routine inspections in 1927.

Special Examinations:—

Children referred by parents, teachers or the nurses or children sent to the Minor Ailment Clinic for treatment are specially examined. There were 401 of these Examinations in 1927.

Re-Examinations:—Children found previously defective are re-examined in school or at the Clinic; there were 2,015 of these examinations in 1927.

(5) THE FINDINGS OF MEDICAL INSPECTION.

I give herewith a table which shews the percentage of various defects found at routine examinations.

PERCENTAGE DEFECTS FOUND AT MEDICAL INSPECTION, 1927, AND CERTAIN OTHER YEARS.

No. of Children examined,		919	840	755	1222
		1926	1927	1922	1921
Malnutrition—Bad (Requiring treatment		1.5	1.4	2.6	2.3
„ Observation		2.0	4.0	10.8	11.2
Uncleanness (per Nurses' Inspections)...		1.7	2.1	10.0	17.0
Skin—Ringworm—Scalp	}	0	0	0.52	0.49
Body		0	0		
Scabies		0	0	0.26	0.40
Impetigo		0	0.2	0	0.32
Other Skin Diseases		0.1	0.71	0	0.32

				1926	1927	1922	1921
Eyes—Blepharitis...	...	...	...	0.2	0.5	0.5	0.75
Conjunctivitis	...	...	...	0	0	0	0
Keratitis	...	...	...	0	0	0	0
Corneal Opacities	...	...	...	0.3	0.2	0	0.24
Defective Vision (excluding Squint)							
(Requiring Treatment)	...			5.7	4.7	5.6	8.5
Squint...	...	...	...	0.8	1.1	1.1	0.5
Other conditions	...	...	...	0.1	0.1	0.26	0
Ears—Defective Hearing	...	...	...	0.43	0.8	0.1	0.65
Otitis Media	...	...	...	0.43	0.9	0.39	1.1
Other Ear Disease	...	...	...	0	0	0	0
Nose and Throat—Enlarged Tonsils only							
(Requiring Treatment)	...			3.1	2.5	2.6	2.8
(„ Observation)	...			2.8	3.5	3.2	2.8
—Adenoids only							
(Requiring Treatment)	...			1.7	1.6	1.3	0.32
(„ Observation)	...			1.6	2.6	2.3	1.4
—Enlarged Tonsils and							
Adenoids							
(Requiring Treatment)	...			1.4	2.5	0.66	0.2
(„ Observation)	...			1.0	2.0	0.1	0.1
Enlarged Glands (Non-Tubercular)							
(Requiring Treatment)	...			4.2	3.9	6.4	1.8
(„ Observation)	...			17.9	8.3	18.6	4.6
Defective Speech.							
(Requiring Treatment)	...			0.3	0.1	0.26	0.1
Organic Heart Disease.							
(Treatment and Observation)				1.3	1.5	1.29	1.52
Functional Heart Disease.							
(Treatment and Observation)				9.7	10.5	3.2	2.1
Anæmia—(Requiring Treatment)	...			1.5	0.7	3.2	0.32
(„ Observation)	...			1.9	1.6	2.0	1.3
Bronchitis—(Requiring Treatment)	...			0.8	0.4	1.1	0.81
(„ Observation)	...			0.43	0.7	0.39	0.4
Other Non-Tubercular Disease of Lung...				0	0	0	0.08

		1926	1927	1922	1921
Tuberculosis—Lungs (Definite) ...	...	0.3	0.1	0	0.99
„ (Suspected) ...	...	0.43	0.8	1.1	3.1
Glands (Req. Treatment)		0.3	0.1	0.7	0.65
(„ Observation)		0.3	0.3		
All other forms ...	...	0	0.1	0.39	0.32
Nervous Conditions—Epilepsy ...	...	0	0.1	0.1	0.42
Chorea (Req. Treatment)...		0	0.4	0	0.16
„ Observation)		0	0.2		
Other („ „)		0.1	0	0	0
Mental Defects („ „)		0.1	0.3	0	0
Deformities—Spine („ „)		0.1	0	0.7	0.75
Rickets (Req. Treatment)		0.3	0.2	0.1	1.1
(„ Observation)		0.8	0.7	0	0
Other forms (Req. Treatment)		0.8	0.4	0.39	1.3
Other Defects and Diseases.					
	(Req. Treatment)	2.7	4.2	3.4	3.5
	(„ Observation)	15.7	14.8	3.8	2.8
Of which Goitre (Req. Treatment)		1.19	0.7	2.6	2.1
„ („ Observation)		2.8	1.0	2.6	2.3
Rheumatism („ Treatment)		0.9	3.5	0	0
(„ Observation)		12.9	13.8	0	0

To compare the findings of Medical Inspection in Glossop with that of other areas I give the table of defects per thousand found in the schools of England and Wales 1926 (taken from Sir George Newman's report for 1926) and put the Glossop figures alongside them for 1927.

		Incidence of defect per 1000 children (Routine) inspected.	
		England and Wales, 1926.	Glossop, 1927.
Malnutrition ...	...	9.6	14
Defective Vision (Entrants excluded) ...	...	90.2	74
Squint ...	...	9.1	11
Other Eye Disease ...	...	9.2	7.0
Defective Hearing ...	...	4.9	8

			Incidence of defect per 1000 children (Routine) inspected.	
			England and Wales, 1926.	Glossop. 1927.
Otitis Media	...	...	6.1	9
Enlarged Tonsils and Adenoids			54.6	66
Other Ear, Nose & Throat Defects	...	...	6.4	7.1
Heart Disease — Organic			2.1	15
Functional	...		—	105
Lung Disease—				
Tuberculosis: definite	...		0.4	1
Pulmonary: suspected	...		1.3	8
Non-Pulmonary	...		1.0	2
Disease of the Nervous system			1.7	5
Deformities	...	...	8.2	6

In the code groups 24.8 children were found in 1927 to require treatment as compared with 30.1 in 1926 and 26.9 in 1925, 28.8 in 1924, 25.7 in 1923. The table appended gives the percentage of defects in 1921 and 1922 compared with 1926 and 1927.

From this Table it will be seen that certain defects are more prevalent in Glossop than in England and Wales. These defects are:—Heart Disease, Tuberculosis and Ear, Nose and Throat Diseases.

The death rate from Diseases of the Heart and Blood Vessels (including the Apoplexy group) is high in Glossop, the averages for the six years ending 1926 being 3.4 for Glossop and 2.6 for England and Wales. †

There is most likely some cause at work which causes Heart Defects in children and deaths from Heart and Circulatory diseases in the general population.

† Pages 23—34.

It is possible that Rheumatism may be partly the cause of these high rates, a disease likely to be caused by the extreme dampness of our climate. I have therefore, tried to find out to what extent Rheumatism is prevalent among our children, the results of my investigation will be found in the section of this report dealing with Special Inquiries.

(6) THE CONTROL OF INFECTIOUS DISEASES IN THE SCHOOLS.

No schools were closed on account of outbreaks of Infectious Disease in 1927.

All Diphtheria contacts and convalescents are seen by the S.M.O., who is also M.O.H., before returning to school and swabs are taken: the general procedure being in the case of convalescents there must be 3 consecutive negatives and in the case of contacts one and no sign of an inflammatory condition of the nose and throat.

Scarlet Fever convalescents and contacts are also examined before return to school by the S.M.O., but in this case a private doctors' certificate of freedom from infection is accepted.

(7) FOLLOWING UP.

Children with defects are followed up by (1) Visits by the Nurses. (2) Calling up previously defective children to the Clinics or for examination. (3) By re-examination of previously defective children in school.

SCHOOL NURSING AND THE CARE OF THE PRE-SCHOOL CHILD.

8718 examinations were made in schools of children regarding cleanliness and 156 children were found unclean; average visits per school, 3.

Visits were paid to the houses of children for following up purposes, and many visits were made to schools in connection with the Diphtheria outbreak in the summer and autumn.

(8) MEDICAL TREATMENT.

Defects.	Mode of Treatment Available.	No. Treated.	Treatments.
(a) Minor Ailments.	Minor Ailments Clinic.	158	2307
	Private Doctors.	69	—
(b) Diseased Tonsils and Adenoids.	Private Doctors	26	—
	Tonsil and Adenoid Clinics at Wood's Hospital	33	—
(c) Tuberculosis.	Private Doctors.	—	—
	Tuberculosis Dispensary.	—	—
(d) Skin Diseases.	Private Doctors.	5	—
	Minor Ailments Clinic.	50	—
(e) External Eye Disease.	Private Doctors.	—	—
	Minor Ailments Clinic.	12	—
(f) Vision.	Ophthalmic Clinic.	46	—
(g) Ear Disease and Hearing.	Minor Ailments Clinic.	26	—
	No definite arrangements for operations.		
	Private Doctors.	5	—
(h) Dental Defects.	Dental Clinic.	518	—
(i) Cripples.	No " Remedial " Clinic.	—	—
(j) Goitre.	Clinic.	19	1014

The above table gives the number of children treated at the Clinics during 1927.

DENTIST'S REPORT, JAN., 1928.

There are still a few parents who refuse dental treatment for their children. In most of these cases a single visit to the Clinic, especially at age 5—7 would put right some irregularity which is causing irreparable damage in the child's mouth.

The urgent cases of toothache (in permanent teeth) which come to the Clinic as casuals are almost always found to be cases where treatment was refused 2 or 3 years ago. This applies specially to the 6 year permanent molar, which is often thought to be a temporary tooth by parents owing to its early appearance. There are 4 of these molars and one is often found to be decaying at 6 years. This is by far the most important irregularity to be treated. Parents may be sure that whenever a child is called up to the Clinic treatment is urgently needed.

HAROLD D. FIRTH, L.D.S.

An effort is being made to prevent dental carries among children by advising a diet which would tend to preserve the teeth. For this purpose the mothers of children of school and pre-school age are personally told by the M.O.H. and S.M.O. (at School Medical Inspection and at the Infant Clinics) the proper foods to give their children and a leaflet is given containing this as well as other advice.

What is advised is briefly,—not to give starchy or sugary foods but give fruit and vegetables, nuts, etc., instead, and in particular to try and get their children to take a piece of raw carrot, turnip or apple after their last meal of the day.

Cod Liver Oil and other fatty foods are also advised. For infants the Syrup Calcum Lactophosphate is frequently advised.

The results of this teaching will not be seen just at once but it is hoped that good will result.

We do, however, need far more dental work and especially work of a conservative kind such as the filling of permanent teeth.

† Our Council has now decided to try and join with the Borough of Hyde for a Whole Time Dentist; Hyde having the services of the Dentist for 7 sessions and Glossop 4.

A Dental Attendant would also be appointed to assist the Dentist and do the clerical work.

If this scheme is carried through it will be at last really possible to have what is necessary done for the teeth of the school children and I know of few assets, if any, better for good health and the enjoyment of life, than the possession of a sound set of teeth and a clean mouth. Most of us know what toothache is but not all of us know that bad as toothache may be that there are very many consequences of dental decay that may seriously affect our general health.

Money spent therefore to enable the bulk of our boys and girls to leave school with a totally sound set of teeth will be money that has been spent to good purpose.

† Hyde Corporation has decided to join with Glossop and the scheme awaits the approval of the Board of Education.

MINOR AILMENTS CLINIC.

There are several features of this work that I must refer to this year. Let some of our worthy burgesses pop in between 9 and 10 a.m. any morning while the schools are open at the School Clinic, here they will see our Nurses busy attending to children of all sizes and sorts and suffering from various minor ailments perhaps trivial in themselves, but by no means trivial if neglected; there will be perhaps one or two children with running ears, some with infected sores or ringworm or with goitre and nearly always a number with cuts, bruises or other casualties sustained in the school playground or elsewhere.

The majority of the children are really good patients and the Nurses can get through the necessary treatment without much protest, but there are always a few who may give a little trouble but a little reassurance and the seeing of other children getting treated generally makes things right.

Before our Clinic opened one can only conjecture what happened to children such as these; for the family doctor to attend day after day to ailments of this kind would take up a very considerable amount of time even if the parents could pay, and I doubt if many private doctors could give the time or parents pay for the time or even take the trouble to bring them, simply because to most people the conditions appear ~~as~~ minor ones *but* a running ear, for instance, is really a serious business and a septic wound may have serious results.

The institution of the School Clinic has therefore become one of those institutions which no civilised urban community can well be without. One of the most striking results of treatment during the year was that obtained with Otorrhœa; by the cleaning of the ear daily and the putting in of Peroxide of Hydrogen followed by Iodoform Emulsion, many chronic cases have been cured; I have also found that Calomel applied locally with Cod Liver Oil given internally helps to clear up cases of ulceration of the cornea rapidly.

The number of our cases of goitre has diminished; goitre is now not so common among our children, I believe this may be partly due to the measures now taken to prevent it.

(9) OPEN AIR EDUCATION.

There is no open air school in Glossop; it would in my opinion be an excellent thing to have a school of this sort despite our inclement season; we have many "weedy" and delicate children as well as cripples and cases of non-infective early tuberculosis.

(10) PHYSICAL TRAINING.

I submit herewith the report of the chief instructor:—
Mr. Arthur Hobson.

GLOSSOP EDUCATION COMMITTEE.
REPORT OF THE ORGANISER OF PHYSICAL
TRAINING FOR THE YEAR 1927.

The supervision of the physical training in the elementary schools administered by the L.E.A. has been shared by the three Organisers; the chief Organiser concentrating upon the senior boys, Miss Hyden the senior girls, and Miss Ward the junior, infant and smaller mixed schools.

In all, 29 school sessions have been devoted to the Glossop schools.

Special attention has been given to those activities requiring the use of the simple apparatus provided by the L.E.A., to the more effective use of "breaks" and to the preliminary training for the more highly organised games.

PHYSICAL EXERCISE LESSONS.

Marked improvement has been evident in all the schools. More attention has been given to the correction of faults, precision and vigour of movement have been demanded and "breaks" calling for alertness and quick response interspersed between the more formal exercises. Lessons have been fuller and a brighter, happier spirit has permeated them.

The introduction of the Team System, under which each team works as a separate unit during the second half of the lesson has allowed of a greater variety of activities with more frequent practice for each child.

The clogs worn by some of the children tend to limit the degree of suppleness, agility and foot skill which may be expected and the standard in this aspect of the work can never be of the highest.

PLAYGROUNDS.

Without good space and surface a playground cannot be regarded as satisfactory for the purpose of physical training and Glossop is decidedly unfortunate in having so many school playgrounds with cinder surfaces and steep inclines. The best results cannot be obtained under these conditions. The managers of the non-provided schools should be pressed to remedy these defects as early as possible.

ORGANISED GAMES AND PLAYING FIELDS.

Whenever the weather has been suitable, good use has been made of the playing fields and spaces provided by the L.E.A. The games periods have been confined mainly to the small games in which ball control, aiming skill and positional play are developed. Good progress has been made, and Miss Hyden now recommends that for the senior girls Net Ball and Stool Ball apparatus be supplied. Stool Ball and Rounders apparatus would enable the boys to apply the skill developed during the practice of the smaller games.

The approximate cost of this apparatus would be:—

	£	s.	d.
2 Net Balls posts complete with iron rings ...	1	15	0
2 Stool Ball wickets	0	12	6
2 Stool Ball bats	0	7	6
12 Rounder bats	0	5	11

Items 1 and 2 could well be obtained from local joiners.

SWIMMING.

The baths in the Howard Park have been available to all the schools, each of which has sent classes once a fortnight for instruction in swimming. No statistics, showing the results obtained, are available.

FOLK DANCING.

The formation of a Folk Dance Club in the town has given a big stimulus to this branch of physical training. Most of the schools give some instruction in Country Dancing, but owing to limited indoor space the dances are often necessarily taken out of doors and the accompaniment is supplied by the children's singing of the tunes.

TEACHERS' CLASSES.

A special course in physical training for juniors and infants was conducted by Miss Ward. This course was attended by 26 active members and several onlookers were allowed to visit the class and take notes of the work being done.

Though much remains to be done before the work can be described as wholly satisfactory, the Organisers are satisfied that the teachers are anxious to maintain the splendid progress made during the past year. With the continuance of the happy co-operation which exists between the organising staff and the teachers the future development of the work is assured.

ARTHUR HOBSON,

Organiser of Physical Training.

Feb., 1928.

(11) PROVISION OF MEALS.

Children now receive Milk in school either by paying (1d. a day) or free if they are recommended to have it by the School Medical Officer and their parents cannot pay.

The number of milk meals given in 1927 was 33,513 of which 1,238 were free, at a cost of £25 15s. 5d.

The amount generally given is about $1/3$ pint.

All tubercular children are given a pint.

I feel sure that the giving of milk to so many children will in time help to improve the general health of the children, the amount given is small but when a taste is cultivated for milk and its value is understood, more will be taken at home.

About 20% of all children get milk in school including free and paying cases.

(12) SCHOOL BATHS.

The various schools in rotation now use the School Baths.

The physical training involved in teaching children to swim is worth paying for and learning to swim should be in an island like Britain a necessary part of Education; I trust therefore that this scheme will be a success.

It is very necessary that adequate care should be taken to have clean water. For this purpose a Filtration Plant is being installed.

(13) CO-OPERATION OF PARENTS.

The method of co-operation was given in detail in last year's report, pages 16, 17 and 18.

(14) CO-OPERATION OF TEACHERS.

The teachers report to us special children who require examination, send out the notices for medical inspection and confer with the S.M.O. regarding children requiring special attention.

In most schools now some form of instruction in Mothercraft is given to the elder girls and the teachers attend the lectures given by the M.O.H. on this subject in order that what they teach will be in keeping with the advice given at the Welfare Centre.

The Head Teacher of a school can do a great deal to interest parents and children in Medical Inspection and the benefits to be gained by it and some of our teachers are enthusiastic in this direction.

(15) CO-OPERATION OF ATTENDANCE OFFICER.

The Attendance Officer lets us have the names of children absent from school who may require examination to see when they are fit to return; and in times of outbreak of disease he gives valuable help in tracing missed cases and dealing with contacts.

(16) Co-operation is carried out with the N.S.P.C.C. and also with the Tuberculosis Care Committee. The latter Committee gives free milk to tubercular school children during holiday time.

(17) BLIND, DEAF AND EPILEPTIC CHILDREN.

There is one boy at an Institution for the blind and there are two deaf children and one epileptic child who should have institutional care, all three are mentally defective.

(18) NURSERY SCHOOLS.

There are none in the Borough.

(21) EMPLOYED CHILDREN.

There were 29 children examined during the year, 2 were for singing and dancing, 2 for milk rounds, 1 for a greengrocer's round and 24 for distributing papers.

Four of the children were passed subject to confirmation after further examination at a later date, 1 was not passed owing to organic heart disease and 24 were passed as fit on the first examination.

Care was taken to see each child had suitable clothing.

(22) SPECIAL INQUIRIES.

(1) GOITRE.

During the five years a special inquiry has been carried out regarding Thyroid Enlargement among school children, and I think that sufficient data have been obtained to enable some general observations to be made; ~~and to make~~ ^{in considering} these observations it should be borne in mind that thyroid enlargement varies largely in incidence in various localities and I believe also in type and that it does not necessarily follow that results obtained here in the prevention of thyroid enlargement would necessarily follow elsewhere.

Our water here is exceedingly soft, about 3 parts per 100,000 and has the character of a moorland water supply, our rainfall is heavy and sunshine during the winter months is restricted; again social habits and dietaries differ.

We have, therefore, a different environment to deal with than that of a district with a calcareous water supply, more sunshine and a greater amount of *fresh* food, both animal and vegetable, consumed.

These factors are important, and in my opinion will cause variation in reaction to the treatment or prevention of goitre.

Some might think that as Goitre is not one of the diseases that causes a high death rate that there is not much need bothering about it. That in my opinion is a superficial view as physiology teaches us that it is the proper functioning of the thyroid gland which gives us that zest in life and brightness of intellect necessary for life in the real sense.

From the dull apathy of cretinism and myxoedema to the supersensativeness and over rapid metabolism of toxic adenoma and Graves Disease there are many types of derangement often overlooked that causes disability and make the lives of those affected miserable in the extreme; the prevention of any derangements of the thyroid gland can therefore be looked upon as a valuable asset to our public health.

To come back to the result of my observations, however, the following are the most important results of my investigation to date:—

(1) INCIDENCE:

The incidence of thyroid among 1870 school children specially examined was found to be

Boys and Girls, 4—14 years	...	...	5.1%
Girls,	„	„	8.0%
Boys	„	„	2.2%
Girls of 12 years	...	...	17.59%
Boys of 12 years	...	...	4.2%
Girls of 13 years and over	...	...	25.9%
Boys „ „ „ „ „	...	...	8.4%

Girls show a prevalence of rather over 3 to 1 as compared with boys. The incidence increases up to the leaving age among

both boys and girls. There appeared to be no greater incidence of the disease among children drinking a water supply containing a large amount of lead as compared with those drinking one with a much smaller amount of lead.

The amounts were Hadfield supply $1/10$ grain per gallon average (this supply gives water to nearly $1/3$ of the population), and Swineshaw supply $1/40$ grain per gallon and now owing to treatment practically nil (which supply gives water to about $2/3$ of the population).

The lead, however, did seem to neutralise Iodine given for treatment.

(2) THYROID ENLARGEMENT HAS DEFINITELY DECREASED IN INCIDENCE SINCE PREVENTIVE MEASURES WERE STARTED.

The percentages of children found with Thyroid Enlargement in 1926 and 1927 as compared with 1924 and 1925 are given herewith:—

		No. Examined.		XX cases of enlargement.		X cases.	Per- centage enlarged
1924	...	950	...	30	...	18	5.0
1925	...	920	...	30	...	20	5.4
1926	...	919	...	11	...	25	3.9
1927	...	840	..	6	...	9	1.7

The standard of enlargement is similar to that of Drs. Ash and Turton adopted for the County of Derbyshire.

The measures adopted and given in my Report of 1924 are briefly—

(a) To recommend all children to have fresh and varied diet containing plenty of vitamins.

Milk is now given in school to about 20% of all children and its use is encouraged.

(b) To search for cases and get them under treatment early.

Thyroid Enlargement is looked for by the nurses when inspecting regarding cleanliness (i.e. all children examined about 3 times yearly) and those with enlarged thyroids are referred to the S.M.O.

Treatment consists of giving 15 m.g.. Iodostarin once a week and in attending to such infective conditions as bad teeth and enlarged tonsils and adenoids.

(3) The treatment adopted in many cases is successful in reducing thyroid enlargement. Out of 111 cases treated 41 have been noted as cured, in 15 little or no improvement was noted; the remaining 46 cases were improved.

Cases where lead was in the water supply to a large amount were resistant to treatment.

The method of giving iodine and the kind of iodine employed are I think important; treatment at one time was found to give no result when it was found the children did not like the particular tablet given and spat it out when out of sight; a different tablet was instituted with happier results. Iodostarin is now used.

(4) No harmful results have been noticed from treatment and these were most carefully looked for.

(5) Treatment was affected adversely by 'colds' or sores or other infective conditions, e.g. bad housing or uncleanness; cure appeared to be more rapid in bright sunshiny weather.

(6) Rheumatism and 'Growing' pains were found to be commoner among children with enlarged thyroids than other children, 25% among the former as compared with 5% among the latter.

Nose and Throat defects were also more prevalent in children with enlarged thyroids (120 examined) 32·2% as compared with 14·0 among all children (1870 examined).

(7) The amount of iodine in the water supply and in soils was investigated by Dr. Philip Turton of Heanor and is given hereunder :—

Water (Swineshaw Reservoir)	·0085 parts Iodine per 10 million.
Soils. Gladstone Street Allotments	9·3 parts per 10 million.
Bridgefield Allotments	3·9 „ „ „ „
Garden in Crosscliffe	15·9 „ „ „ „

Swineshaw Gathering Ground.

(1) With grass and roots	57·9 parts per 10 million.
(2) Sandy and peaty soil	19·3 „ „ „ „
(3) Light brown sandy soil	20·6 „ „ „ „

No manganese was found.

Samples of vegetables, milk and soil are being also analysed at the Rowett Research Institute, Aberdeen.

SPECIAL INQUIRY RE RHEUMATIC STIGMATA AND ASSOCIATED DEFECTS.

(2) In my Report for 1926 I mentioned that an investigation regarding the above was being made.

I now submit some details.

The examinations were carried out personally and the records were gone through personally to avoid error.

Each group of defects shows the defects present in one child for instance 1 NPT Chorea denotes a child with Rheumatic nodules and pains, had also Chorea; if the figure is placed before or after it indicates so many children had that defect.

In the case of teeth BT with a figure after indicates the number of bad teeth, a figure before BT and one after however indicates the number of children with so many bad teeth.

I append these symbols in a foot note.

The letter N requires some explanation; this indicates a child with nodules as described by Doctors Coates and Thomas of Bath. very fine nodules almost like grains of sand and looked for in this investigation over the lumbar spines only for sake of uniformity.

In the case of Entrants, pains (so called growing pains) were difficult to elicit so the amount of growing pains in Entrants would naturally be much below the actual.

The percentage found with Rheumatic Stigmata even so is high, ~~19.5~~ per cent or ~~195~~ per thousand.
~~15.1~~ ~~151~~

Exactly 1000 children were examined so that the tables given will give broadly the grouping of the defects in a 'school thousand' and give a medical inspection picture as it were of results obtained.

Heart defects were found in 10.6 per cent of the children.

Only ~~326~~³⁵⁸ were found without defect including bad teeth, but in examining for teeth gross decay only was noted; if a mirror had been used the amount of children with bad teeth would of course have been greater.

Of the children with defects 151 had bad teeth only so that if bad teeth are excluded the number defective would be less, namely ~~533~~⁴⁹¹.

In denoting defects, observation Heart and observation Rheumatism cases and other observation cases are included.

Worked out as for the Board of Education reports i.e. percentage of children referred for treatment, the figure is about ~~300~~²⁵ or 30 per cent.

If we include observation cases for Heart and Rheumatism only as well as ordinary treatment cases we get ~~456~~³⁰⁸ children defective in the 1000.

On page 10 I have given details of the death rate in Glossop from Heart disease as compared with England and Wales, and on page 10 will be found the number of school children per 1000 with heart defects as compared with England and Wales.

The Glossop figures for both are higher.

The number of children with Tuberculosis is also higher.

Drs. Ash and Gordon in the March 3rd number of the British Medical Journal have drawn attention to the high death rate in Derbyshire and elsewhere from Phthisis in places exposed to rain-bearing winds.

Glossop has a rainfall of about 45 inches and is exposed to rain-bearing winds; this therefore may be the factor that accounts for the high Tuberculous incidence in children and perhaps also the great amount of Rheumatism and to some extent Heart Disease.

It would be interesting to have an investigation made on similar lines to that of Drs. Ash (County M.O.H., Derbyshire) and Gordon, but regarding the relationship of rain-bearing winds to Rheumatism and Heart Disease instead of Tuberculosis to ascertain if this is so.

However it be, it appears that the seeds of Rheumatism and Heart disease are sown in childhood and reaped as a harvest of disability and death in later life ; steep gradients, defective dietary, exposure and industrial life perhaps acting as the gatherers in.

I now give herewith the details of the investigation and defer further comment and analysis till another time.

Number of children		1000
No. with no defects including gross defects of teeth		~~826~~ 358
Children with defects (including treatment and *Observation cases and Bad Teeth)...		~~684~~ 642

Of Children with Defects :—

Children with Bad Teeth only	151
Children referred for *Observation (excluding obs. for Heart and Rheumatism)	83
Children as above referred for *Observation who have Bad Teeth	35
Children referred for treatment (excluding Heart and Rheumatism cases and exceptional children) ...	160
Children referred for treatment as above who have Bad Teeth	~~86~~ 68
Children with Rheumatic Stigmata	~~195~~ 151
Children with Rheumatic Stigmata who have Bad Teeth ...	~~63~~ 64
Children with Heart Defects (including Observation and Treatment cases) excluding those noted under the Rheumatic group ~~39~~ ⁴ and under the Exceptional group ~~8~~ ... included	~~41~~ 64
Total children with Heart Defects ⁶⁴	106
Children with Hearts Defects (of the ~~64~~ ⁶⁴) who have Bad Teeth	~~24~~ 24
Exceptional Children (Board of Education Classification) ...	~~39~~ 34
No. of Bad Teeth in Exceptional children excluding those counted in Heart and Rheumatic Group, i.e., 30 ...	13
Bad Teeth in all Children examined (i.e., Gross decay in one or more teeth)	~~352~~ 358

There appears to be no greater incidence of decay among Rheumatic children as compared with all children.

There are of course so many other things which might cause Rheumatic Stigmata, i.e. exposure to rain coming from or to school, damp houses, carbohydrate diet including sweets and perhaps septic affections of the nose and throat.

To get at the special cause in each case would be a very difficult matter.

* Observation cases include only certain 'infective' conditions see table at end.

DEFECTS.

PERCENTAGE OF DEFECTS IN RHEUMATIC AND
OTHER CHILDREN.

RHEUMATIC CHILDREN—151.

	No.	Per cent.
Bad Teeth	64	42.3
Nose and Throat Defects ...	28	18.5
Enlarged Glands	42	27.8
Heart Defects	39	25.8
Goitre	6	3.9
Lung Defects	8	5.3

CHILDREN WITH HEART DEFECTS
OTHER THAN RHEUMATIC—67.

Bad Teeth	27	40.3
Nose and Throat Defects ...	8	11.9
Enlarged Glands	13	19.4

ALL CHILDREN—1000.

Bad Teeth	358	35.8
Nose and Throat Defects ...	115	11.5
Enlarged Glands	171	17.1
Heart Defects	106	10.6
Goitre	30	3.0
Lung Defects	32	3.2

OTHER THAN RHEUMATIC
CHILDREN—849.

Bad Teeth	294	34.6
Nose and Throat Defects ...	87	10.2
Enlarged Glands	129	15.1
Heart Defects	67	7.8
Goitre	24	2.8
Lung Defects	24	2.8

It will be seen from the above figures that Nose and Throat, Heart and other defects are more common in Rheumatic than other children.

SYMBOLS USED.

P = so called growing pains.

N = Rheumatic nodules as described by Drs. Coates and Thomas, of Bath, and looked for over the lumbar spines.

BT = Bad teeth, figure after denoting number.

Gl = Enlarged Glands.

G = Goitre.

T = Enlarged Tonsils.

Ad = Adenoids.

! & A or

T Ad = Enlarged Tonsils and Adenoids.

SACD = Superficial area of Cardiac Dullness which is abnormal.

Apex = Apex beat noted in abnormal place.

MS = Mitral Systolic Murmur. P or A before S = Pulmonary or Aortic Systolic Murmur.

Redup = Reduplicated heart sound.

Nut = Malnutrition.

Bron. = Bronchitis.

Lung = Defect of Lung.

TB = ^{Before or} After defect denotes Tuberculosis.

Bleph = Blepharitis.

An = Anæmia.

V = Defect of Vision. Sq = Squint.

XXX = Very severe defect.

Rheumatic Children Arranged According to Sex and School Groups with Associated Defects.

ENTRANTS, 4—7 years.		INTERMEDIATES, 7—10 years.	
221—M.		100—M.	
1 P	1 P Gl	1 P XXX (unclean)	1 P
1 PBT 1 XXX	1 P Headaches	1 PBT 2	1 PBT 3 Nut
1 PBT 5 Gl XXX	1 P Bronch	1 PBT 3 Gl	1 PBT 2
1 PBT 6 Gl T	1 P septic finger	1 P Apex	1 P Deaf
1 PBT 4 Gl G	1 PMS	1 N B T & Ad	1 P Gl T
1 PGI	1 P Gl <i>Ad</i>	1 NBT 2 Gl	2 N
1 PMS	3 N	1 N Gl	1 NBT 2 Bron Gl <i>dirty</i>
2 N	1 NBT 1 <i>Ad</i>	1 NBT 4 Ad Gl	1 NBT 3 SADC
2 N Nut	1 NBT 2 Gl	1 NBT 5 T & A	1 NBT 4 G Ad
1 NBTl	1 NBT 3 Heart	1 N An	1 N Gl T & A
1 NBT 2	1 NBT 3 G XXX	1 N Ad XXX	1 NBT 1 Gl sores
1 NBT 2 MS 1 NBT 2 SADC	1 NBT 4 Deaf	1 NPBTl	1 NP
1 NBT 3 MS	1 NBT 3 An		1 NPBT 3 T & A XXX
1 NBT 5 Gl 1 NBT 6	1 NBT 3 Gl An TMS	12	1 N Tonsilitis
1 NBT 4 MS Gl T	1 NMS		15
1 NBT 4 MS Gl T & A	1 NPBT 5 Gl XXX		
1 NBT 2 Gl Bleph Nut	1 NPBT 4 MS SADC		
1 NMS Gl	1 NP Nasal discharge		
1 N PMS <i>Bron.</i>	1 N Epilepsy BT 3 Gl T		
2 N Gl T	1 N Ad Gl Suspect		
1 N T & A MS <i>Ap Bron</i>	Phthisis		
1 NPBT 5 Gl XXX	1 N Bron Organic Heart		
1 NP Suspect Phthisis	~~21~~		
Hernia XXX	<i>23</i>		
1 Chorea			

27
29

Rheumatic Children Arranged According to Sex, etc.—continued.

LEAVERS, 12 years—over.		OTHER AGES, 10—12 years.	
192—M.		19—M.	
M.—continued.		17—F.	
6 P	1 NPBT Gl Redup 2nd	1 PBT MS	1 P
2 PBT 4	Mitral	~~1 V SACD~~	1 NBT 4
1 PBT 4 Gl	NBPT 4 SACD	1 PMS SACD	2
1 PBT 4 Gl T	1 NPT XXX SACD	1 NBT 2	
1 PBT 4 MS Urticaria	1 N Nut suspect TB Gl	1 N Ad Gl XXX	
1 PBT 3 MS Gl XXX	~~10~~ 43	~~8~~ 4	
1 PBT 2 Gl rapid heart	163—F.		
1 PBT 3 Apex T	5 P		
1 P T	1 PBT 4		
1 P Chorea BT 3 Gl	PBT 2 T		
2 P Ad	1 PBT 2 Gl Nut G		
3 PMS	1 PBT 1 Gl Ap		
2 P SACD	2 P Gl		
1 PMS SACD	~~1 P Gl An~~		
1 PT An	1 P Gl An		
2 NBT 2	1 PT		
1 NBT 7	~~1 PT Ad~~		
1 NBT 2 Gl Rickets	1 PT Ad		
1 NBT 5 MS	1 PT Ad MS Nut		
1 NBT 3 Ad Apex	1 NPT Chorea		
1 NBT 1 Ad	1 P Psoriasis		
1 N MS An	~~2 P~~ XXX MS		
1 N Gl suspect Phthisis	1 PG XXX		
and partial paralysis	1 NMS		
1 NBT Gl	1 NP		
1 N Gl Ap G	1 NP SACD		
1 NP SACD	25-		
	23		
	1 NPV		

Heart Cases OTHER THAN those who have Rheumatic Symptoms or Signs.

ENTRANTS.		INTERMEDIATES.	
M.	F.	M.	F.
1 MS SACD	1 MS quick pulse	1 MS Anaemia Gl Nut	1 MS BT
1 SACD	1 MS Gl XXX	2 MS	1 MS Apex BT 2
1 MS Apex BT 3 Gl	1 MS BT6	1 SACD Otthorhoea	1 SACD Nut
4 MS	1 MS Apex Rickets	1 Red 2nd M	1 SACD Gl
1 Apex	1 MS	1 MS rapid pulse	1 Apex BT 2
2 MS BT 3	1 Pre & Diastolic MBT 3	1 MPAS SACD V	1 Redup 2nd MBT 6 Gl Nut
1 MS BT 4	T & A	1 SACD BT 2 Gl Nut	6
1 MS T	1 Apex T & A Nut	8	
1 BT 4 MS Redup M	1 S SACD Anaemia		
1 SACD BT 8 TA Gl	1 BT 3 Ad Gl MS old		
1 MST & Ad	Rickets		
1 PMS XXX	9		
1 MSBT 3 Nasal discharge			
1 T Ad MS Bron SCD			
1 BT 1 B Leg SCD	1 Ap 4c.		
20			
LEAVERS.		OTHER AGES.	
M.	M.—continued.	M.	F.
1 MS SACD Gl Sq XXX	1 SACD BT 1 Gl	1 SACD BT 4 Gl	1 SACD XXX BT 2 Gl
2 SACD BT 3 XXX	1 MS SACD BT 3	1	1 SACD Anaemia
1 MS BT 3 TXXX	1 Arythemia BT 1		1 Apex BT 1
1 MS Apex	14		1 SACD
1 Apex BT 3			1 V SACD 4 5
1 PS Redup 2nd Mitral			
1 MS	F.		
1 MS Anaemia	1 MS Bronch XXX		
1 MS Nut XXX prev	1 MSG XXX		
BT 1 O	1 MPS XXX		
1 MS Apex T	1 Org Heart An Nut		
	4		

Children Referred for Treatment other than those with Rheumatic Stigmata or Cardiac Defects or Exceptional Children.

ENTRANTS		INTERMEDIATES	
M.	M.—continued.	M.	F.
BT 1 T	1	BT 1 V	BT 1 T An Nut
BT 2 An	1	BT 1 An Ad	BT 1 V
BT 2 Gl	1	BT 1 G	BT 2 T
BT 3 M Knock knee	1	BT 3 Ad Gl An	BT 2 An
BT 2 SACD bitten	1	BT 4 T G	BT 3 V
BT 3 Gl	1	BT 6 TB Bowels	BT 3 T Gl
BT 3 Tonsilitis	1	BT 2 V	BT 3 V T Ad
BT 3 MS	1	BT 11 V	BT 4 Gl Nut suspect
BT 4 Ad Gl Deaf	2	BT 11 T Ad Gl V	TB Lungs
BT 4 Gl Anæmia	1	T Gl Nut	BT 4 Gl Nut
BT 4 Gl	1	Ad	BT 4 V
BT 6 TA	1	V	BT 10 V
BT 6 V	1	Gl	V
BT 6 T Gl	1		V Gl
BT 6 Gl	1		Nut Gl
An	1		G An
MS	2		Bronch
Gl	4		Ad Gl
Ad	1		Fatty Dystrophy
T	1		Gl
Nasal Discharge	2		T Ad Gl An
T Gl	2		Urticaria Bleph
T Ad Gl	1		23
Gl suspect TB	1		
		13	
			19

EXCEPTIONAL CHILDREN.

ENTRANTS		INTERMEDIATES.	
M.	F.	M.	F.
+BT 1 TB Leg SADC 1	+ BT 3 T Ad Gl	BT 2 Gl	BT 4 Nut Gl suspect
BT 3 Gl suspect TB 1	Heart old Rickets 1	Partial Paralysis leg 1	TB of Lung 1
BT 2 Nut Lung 1	BT 3 Ad Gl Bleph	BT 6 TB Bowels 1	
BT 3 Ad Knock knee 1	suspect TB Lung 1	3	
Partial Paralysis BT 6 1	Suspect TB Gl 1		
Nut Gl 1	+*N Bron Organic		
Nut Gl Eczema 1	Heart 1		
Knock knee 1	Partial Paralysis		
Deformed Tibia 1	Rt arm and leg 1		
+T Ad MSSACD Bron 1	MD 6 fingers 6 toes		
T Ad TB Gl 1	(both hands & feet) 1		
*N Ad Nut 1			
12	6		

LEAVERS.	
M.	F.
BT 3 Nut 1	BT 1 TB Lung 1
Nut An 1	BT 3 TB Gl 1
+Nut MS 1	BT 2 V Talipes 1
Gl An G 1	TB Lung 1
*TB Gl N Ad Nut 1	Nut TB Lung suspect 2
Cataract Eye 1	TB Lung suspect 1
Blind one Eye Gl 1	BT 3 Nut Ad Gl An
	suspect TB Lung 8
	1

* Also Rheumatic Stigmata 3 and counted as such. † Heart cases also.

† “INFECTED CASES” REFERRED FOR
OBSERVATION OR WITH BAD
TEETH ONLY.

1 Bad Tooth	41	BT 4 Gl	2
2 Bad Teeth	46	BT 4 Ad	1
3 „ „	32	BT 4 G unclean	1
4 „ „	19	BT 4 Gl Nut	1
5 „ „	6	BT 5 Ad	1
6 „ „	4	BT 6 Gl Nut	1
7 „ „	2	BT 11 Blepharitis unclean	1
8 „ „	1	Gl	18
BT 1 Gl	4	Ad	5
BT 1 Gl Nut	1	T	6
BT 1 unclean	1	Bronch	3
BT 1 Ad	1	Skin	2
BT 2 Gl	3	Tonsillitis	1
BT 2 Tonsillitis	1	Anæmia	2
BT 2 T Ad	1	Suspect Chorea	1
BT 2 T Gl	1	Deaf	1
BT 2 SACD	1	G	1
BT 2 Bronch	1	Unclean	1
BT 3 Gl	6	T Gl	3
BT 3 T	1	Ad Gl	1
BT 2 Ad Gl	1	T Skin	1
BT 3 T Ad Gl	2	TB Lungs	1
BT 3 Anæmia	1	Blepharitis	1
BT 3 Sore throat	1		

With number after gives number of Children
with the defect or defects.

† Children with some acute or chronic infective condition.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

(see note b).

Entrants	...	...	...	...	...	...	285
* Intermediates	...	...	...	...	...	...	248
Leavers	...	...	...	...	...	...	287
Total	...	...	...	...	...	...	820

Number of other Routine Inspections ... 20

(see note c).

Total	...	...	...	...	...	840
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B. OTHER INSPECTIONS.

Number of Special Inspections ... 401

(see note d).

Number of Re-inspections ... 2015

(see note e).

Grand Total	...	...	...	...	...	3256
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Table II.—A. Return of Defects found by Medical Inspection in Year ended 31st December.

Defect or Disease.					Routine Inspections.		Special Inspections.		
					No. of Defects.		No. of Defects.		
					Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	
(1)					(2)	(3)	(4)	(5)	
Skin	Malnutrition				12	34	45	—	
	Uncleanliness (See Table IV., Group V).				—	—	—	—	
	{	Ringworm :				—	—	1	—
		Scalp				—	—	3	—
		Body				—	—	—	—
		Scabies				2	—	33	—
Impetigo				6	5	18	—		
Other Diseases (non-Tubercular)									
Eye	Blepharitis... ..				5	1	7	—	
	{	Conjunctivitis				—	1	2	—
		Keratitis				—	—	—	—
		Corneal Opacities.. ..				2	—	3	—
		Defective Vision (excluding Squint)				40	4	—	—
		Squint				10	5	—	—
		Other Conditions				1	—	—	—
Ear	{	Defective Hearing				7	6	2	—
		Otitis Media				8	—	20	—
		Other Ear Diseases				—	—	3	—
Nose and Throat	{	Enlarged Tonsils only				21	30	2	1
		Adenoids only				14	22	—	—
		Enlarged Tonsils and Adenoids				21	17	34	—
		Other Conditions				6	11	2	—
Enlarged Cervical Glands (Non-Tuberculous)					32	70	84	172	
Defective Speech					1	1	—	—	
Teeth—Dental Diseases (<i>see note a</i>) (see Table IV, Group IV).					—	—	—	—	

TABLE II.—*continued.*

(1)					(2)	(3)	(4)	(5)
Heart and Circulation	Heart Disease :							
	Organic				13	—	1	—
	Functional				3	86	—	2
	Anæmia				6	16	93	118
Lungs	Bronchitis				4	6	4	1
	Other Non-Tubercular Diseases				—	—	1	—
Tuber- culosis	Pulmonary :							
	Definite				1	—	—	—
	Suspected				7	6	—	—
	Other Forms				1	—	—	—
	Non-Pulmonary :							
	Glands				1	3	2	2
	Spine				—	—	—	—
	Hip				—	—	—	—
	Other Bones and Joints ..				—	1	1	—
	Skin				—	—	—	—
	Other Forms... ..				—	—	3 (eye)	—
Nervous System	Epilepsy				1	—	—	—
	Chorea				4	2	2	—
	Other Condition				—	—	—	—
	Mental Defects				3	1	4	4
Deformities	Rickets				2	6	—	—
	Spinal Curvature... ..				—	—	—	—
	Other Forms				3	1	—	—
	Knock Knee				1	—	—	—
Other Defects and Diseases					36	125	65	—
Of which Goitre					6	9	19	—
Rheumatism					30	116	3	—
Miscellaneous Injuries...					—	—	43	—

B. NUMBER OF *individual children* (see note b) FOUND AT *Routine MEDICAL INSPECTION* TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DEFECTS) ... 274

Group.	Number of Children.		Percentage of Children found to require treatment. See note d. 4
	Inspected See note c. 2	Found to require treatment. 3	
CODE GROUPS :			
Entrants	285	64	22·2
Intermediates	248	63	25·4
Leavers	287	77	26·8
Total (code groups)	820	204	24·8
Other routine inspections ..	20	5	25·0

Table III.—Return of all Exceptional Children in the Area (see Note a).

			Boys	Girls	Total
Blind (including partially blind). See Note b	(i) Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind ...	1	—	1
		Attending Public Elementary Schools See Note c.	—	—	—
		At other Institutions At no School or Institution ...	—	—	—
		At no School or Institution ...	—	—	—
	(ii) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind ...	—	—	—
		Attending Public Elementary Schools See Note c.	—	—	—
		At other Institutions At no Schools or Institution	—	—	—
		At no Schools or Institution	—	—	—
Deaf and Dumb (including dumb and partially deaf). See Note d.	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools ...	*2	—	2
		See Note c. At other Institutions ...	—	—	—
		At no School or Institution..	—	—	—
	(ii) Suitable for training in a School or Class for the partially deaf	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools ...	1	1	2
		See Note c. At other Institutions ..	—	—	—
		At no School or Institution..	—	—	—
Mentally Defective	Feeble Minded (cases not notifiable to the Local Control Authority) See Note E.	Attending Certified Schools for Mentally Defective Children Attending Public Elementary Schools..	5	2	7
		See Note C. At other Institutions ...	—	1	1
		At no School or Institution	—	—	—
		At no School or Institution ...	†3	2	5

* Also Mentally Defective.

†1 Epileptic.

TABLE III.—*continued.*

			Boys	Girls	Totals
Mentally Defective — <i>contd.</i>	Notified to the Local Control Authority <i>during the year</i>	Feeble minded Imbeciles Idiots	— — —	— — —	— — —
Epileptics.	Suffering from epilepsy which is not severe. See Note f.	Attending Certified Special Schools for Epileptics ...	—	—	—
		In Institutions other than Certified Special Schools ...	—	—	—
	Suffering from epilepsy which is not severe. See Note g.	Attending Public Elementary Schools	—	—	—
		See Note c. At no School or Institution... ..	*1	—	1
Physically Defective	Infectious Pulmonary and glandular Tuberculosis See Note h.	Attending Public Elementary Schools	2	3	5
		See Note c. At no School or Institution ...	—	—	—
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
	Non-Infectious but active pulmonary and glandular Tuberculosis See Note h.	At other Institutions	—	—	—
		At no School or Institution... ..	1	1	2
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
At Certified Residential Open Air Schools		—	—	—	
	At Certified Day Open Air Schools	—	—	—	
	At Pt Public Elem. Schools, See Note c.	14	14	28	
	At other Institut'ns	—	—	—	
	At no School or Institution	—	—	—	

* Also Mentally Defective.

TABLE III.—*continued.*

			Boys	Girls	Total
Physically Defective	Delicate children <i>e.g.</i> , pre or latent tuberculosis mal-nutrition, debility, anæmia, &c. See Note h.	At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools...	—	—	—
		At Public Elementary Schools ..	115	76	191
		See Note c			
		At other Institut'ns	—	—	—
		At no School or Institution... ..	2	—	2
	†Active non-pulmonary tuberculosis. See Note h.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Public Elementary Schools ...	4	3	7
		See Note c.			
		At other Institut'ns	—	—	—
		At no School or Institution	—	—	—
	Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, &c., and including those with severe heart disease. See Note h.	At Certified Hospital Schools ...	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools ...	—	—	—
		At Public Elementary Schools ...	11	10	21
		See Note c.			
		At other Institutions	1	1	2
		At no School or Institution... ..	†2	2	4

† Other than tuberculosis of lungs and glands.

Table IV.—Return of Defects Treated during the
Year ended 31st December.

(See note a).

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS, excluding Uncleanliness, for which
see Group 5.

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. See Note b.	Otherwise.	Total.
1	2	3	4
SKIN :—			
Ringworm—Scalp	1	—	1
Ringworm—Body	3	—	3
Scabies	—	—	—
Impetigo	31	2	33
Other skin disease	15	3	18
MINOR EYE DEFECTS	9	—	9
External and other, but excluding cases falling in Group II.			
T.B. Eye... ..	3	—	3
MINOR EAR DEFECTS	26	5	31
See Note c.			
Enlarged Glands	2	50	52
Goitre	19	2	21
MISCELLANEOUS	49	7	56
e.g., minor injuries, bruises, sores, chilblains, etc.			
Total	158	69	227

No. of Attendances at Minor Ailments Clinic 2307

TABLE IV.—*continued.*

GROUP II.—DEFECTIVE VISION AND SQUINT, excluding Minor Eye Defects treated as Minor Ailment—Group I.

Defect or Disease.	Number of defects dealt with.			
	Under the Authority's Scheme. See Note b.	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise.	Total.
1	2	3	4	5
Errors of Refraction, including Squint. Operations for squint should be recorded separately in the body of the Report.	46	—	—	46
Other Defect or Disease of the eyes, excluding those recorded in Group I.	—	—	—	—
Total	46	—	—	46

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme 42

(b) Otherwise —

Total number of children who obtained or received spectacles.—

(a) Under the Authority's Scheme 42

(b) Otherwise —

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital. See Note b.	By Private Practitioner or Hospital. apart from the Authority's Scheme.	Total.		
1	2	3	4	5
33	13	46	13	59

TABLE IV.—*continued.*

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were:—

(a) Inspected by the Dentist:

Routine Age Group	$\left\{ \begin{array}{l} 5-250 \\ 6-275 \\ 7-279 \\ 8-226 \end{array} \right\}$	Total 1030
-------------------------	--	------------

Specials (*See note d*). 33

Grand Total 1063

(b) Found to require treatment 621

(c) Actually treated 282

(d) Re-treated during the year as the result of
periodical examination 236

(*See note e*).

(2) Half-days devoted to—Inspection 11

Treatment 49

Total 60

(3) Attendances made by children for treatment 649

(4) Fillings Permanent teeth 107
Temporary teeth 0

107

(5) Extractions Permanent teeth 74
Temporary teeth 833

907

(6) Administrations of general anæsthetics for extractions 0

(7) Other operations Permanent teeth 155
Temporary teeth 0

155

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(*See Note f*).

(i) Average number of visits per school made during the year by the
School Nurses..... 3.

(ii) Total number of examinations of children in the Schools by School
Nurses..... 8730.

(iii) Number of children found unclean..... 190.

(iv) Number of children cleansed under arrangements made by the
Local Education Authority..... 0.

(v) Number of cases in which legal proceedings were taken:

(a) Under the Education Act, 1921 0

(b) Under School Attendance Bye-laws 0

* 9 to 14 are periodical re-examinations.

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING
1927 BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL
AUTHORITY UNDER THE MENTAL DEFICIENCY
ACT, 1913.

				1927	
Diagnosis.				Boys.	Girls.
Idiots	...	...	...	0	0
Imbeciles	...	...	...	0	0
Moral Imbeciles	...	...	...	0	0
Feeble-minded :					
*(a)...	...	...	...	0	0
† *(b)...	...	...	...	0	0
*(c)...	...	...	...	0	0
				—	—
Total ...				0	0

* Give separately the numbers

(a) Feeble-minded Children notified for supervision or guardianship under *Article 5* of the Mental Deficiency (Notification of Children) Regulations, 1914 (*i.e.*, Children in respect of whom the Board's formal certificate (Form 308 M) has been issued).

(b) Feeble-minded Children notified under *Article 6* of these Regulations (*i.e.*, Children who, on or before attaining the age of 16, were about to be withdrawn or discharged from a Special School), and

(c) Other feeble-minded Children notified.

† One boy notified in February, 1928.

